

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

88 -62-019361
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 88

VS 300
Rev. 4/59

10500

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. FILED JUN 5 1962 a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Herculaneum		c. CITY OR TOWN Herculaneum	
Length of stay in lb 6 months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #1, S outh Main		d. STREET ADDRESS (If outside, give location) # 1, S. Main St.	
3. NAME OF DECEASED (Type or print) First Charles Middle Kenton Last Newenham Sr.		4. DATE OF DEATH Month May Day 29 Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/30/1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard-Fireman		10b. KIND OF BUSINESS OR INDUSTRY Veterans Hospital	11. BIRTHPLACE (City and state or country) Mt. Sterling, Ill
13a. FATHER'S NAME Alfred Newenham		13b. MOTHER'S MAIDEN NAME Anna Unknown	14. NAME OF HUSBAND OR WIFE Shirley Jeannine Newenham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. WW II	
17. INFORMANT Mrs. Shirley Newenham, Herculaneum, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound to head	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self Inflicted - 22 caliber	
20c. TIME OF INJURY Hour 9:10 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Month, Day, Year 5-29-62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		
20e. PLACE OF INJURY WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Herculaneum	COUNTY JEFF.	STATE Mo.
21. I attended the deceased from CORONER'S VIEW and last saw her alive on 9:10 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James P. C. Coroner		22b. ADDRESS Festus Mo.	22c. DATE SIGNED 5/29/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 1, 1962	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR VVinyard Funeral Home, Festus, Mo.		25. DATE RECD. BY LOCAL REG. 5-31-62	26. REGISTRAR'S SIGNATURE James P. C. Coroner

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald H. Wingard

Licensed Embalmer No.

4688

P. O. Address

Festus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.